Image# 10991244847 107/097#20/130 13:59

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation				
Defenders of Willdife Action Fund				
(b) Address (number and street)				
(c) City, State and ZIP Code	FEC Identification Number			
Washington DC 20036				
Corporate filers only Is the filer a qualified nonprofit corporation? X Yes No				
Individual filers only Name of Employer C	Occupation			
4. TYPE OF REPORT (check appropriate boxes):				
(a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☐ 48-Hour N	Notice			
☐ July 15 Quarterly Report				
☐ October Quarterly Report				
☐ January 31 Year-End Report				
(b) Is this Report an amendment? Yes \(\subseteq \text{No } \overline{X} \)				
5. COVERING PERIOD: FROM M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
THROUGH				
M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
a TOTAL CONTRIBUTIONS	461000.00			
6. TOTAL CONTRIBUTIONS				
7. TOTAL INDEPENDENT EXPENDITURES	459842.00			
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	the independent expenditures			
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE			
William Lutz	10/07/2010			
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to	o the penalties of 2 U.S.C 437g.			

For further information, contact

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A ITEMIZED RECEIPTS

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TEMIZED REGEIT 13		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee
NAME OF FILER (In Full) Defenders of Willdife Action Fund		
Full Name (Last, First, Middle Initial) America's Families First, Inc Mailing Address 1900 M St NW Suite 500 City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	DC 20036	Amount of Each Receipt this Period 461000.00
Name of Employer	Occupat	tion

SUBTOTAL of Receipts This Page (optional)	461000.00
TOTAL This Period (last page carry total to Line 6)	461000.00

Image# 10991244849 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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ME OF FILED (L. F. II)			FOR LINE / FOR FORM 5
AME OF FILER (In Full)			
Defenders of Willdife Action Fund			
Full Name (Last, First, Middle Initial) of Payee			Louis
Buying Time, LLC			Date
Buying Time, LLO			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			
650 Massachusetts Ave NW Suite 210			Amount
City	State	Zip Code	459842.00
Washington	DC	20001	
	20		Office Occupits
Purpose of Expenditure		Category/	Office Sought: X House State: NM
TV ad buy		Туре	House Senate District: 02
Name of Federal Candidate Supported or Oppose	d by Expenditure:		President District. <u>02</u>
STEVAN E. PEARCE			Check One: Support X Oppose
Calendar Year-To-Date Per Election		450040.00	Disbursement For: Primary X General
for Office Sought		459842.00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expendit	ures		459842.00
(b) SUBTOTALof Unitemized Independent Expen			
(5) SOBICIALS Officering and appendent Experi	ditures		
	ditures		
(a) TOTAL Indopendent Expanditures			459842.00
(c) TOTAL Independent Expenditures(carry total from last page forward to Li			